

PARKING CITATION APPEALS FORM
City of Asheville PO Box 7148 Asheville NC 28802

Regardless of the the circumstances we regret that you received a parking citation. This appeals process is an attempt to be reasonable in the enforcement of parking while upholding the law.

Please fill in the appropriate spaces on this form in detail to provide the Appeals Officer with all circumstances of the citation incident. The findings of the review officer will be sent to you within 10 working days of the date listed at the bottom of this form. The initial 15-day payment period for avoiding late fees will be waived for the citation appealed in accordance with Section 19-15 of the City Code of Ordinances. If the appeal is denied, the 15 day payment period will begin 3 days from the date at the bottom of the form.

PLEASE PRINT THE FOLLOWING INFORMATION:

Name _____ Vehicle Make _____

Address _____ Color _____

City/State/Zip _____ License Plate No. & State _____

Date of Appeal _____ Parking Citation Number _____

Parking Citation Issue Date _____ Location of alleged offense _____

Reason(s) for appeal

Signature _____ Phone _____

Disposition _____ Appeal Upheld _____ Appeal Denied _____ Changed to Warning _____

Comments: _____

Review Date

Reviewed by

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Office use only:
